

05-14-01

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J-962 U.S. PTO
05/11/01

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 4519RC2R2

First Inventor or Application Identifier Douglas Allan Royce et al.

Title SHAMPOO COMPOSITIONS WITH CATIONIC POLYMERS

Express Mail Label No. EK991717314US

PTO

J1046 U.S. PTO
09/09/01J1046 U.S. PTO
09/09/01**APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents.

Commissioner for Patents

ADDRESS TO: Box Patent Application
Washington, D.C. 20231

1. * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)

2. Specification Total Pages [40]
(preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. Drawing(s) (35 USC 113) Total Sheets []

4. Oath or Declaration Total pages [2]

- a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 16 completed)
- i. **DELETION OF INVENTORS**
Signed statement attached deleting
inventor(s) named in the prior
application, see 37 CFR §§1.63(d)(2) and
1.33(b).

* **NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY
SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS
REQUIRED (37. C.F.R. §1.27), EXCEPT IF ONE FILED IN A PRIOR
APPLICATION IS RELIED UPON (37 C.F.R. §1.28).**

5. Microfiche Computer Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

- a. Computer Readable copy
- b. Paper Copy (identical to computer copy)
- c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document(s))

8. 37 CFR 3.73(b) Statement Power of Attorney
(when there is an assignee)

9. English Translation Document (if applicable)

10. Information Disclosure Copies of IDS
Statement (IDS)/PTO-1449 Citations

11. Preliminary Amendment

12. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

13. *Small Entity Statement filed in prior application
Statement(s) Status still proper and desired

14. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

15. Other:

.....

.....

.....

16. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in the preliminary amendment:

- Continuation Divisional Continuation-in-part (CIP) of prior application No. 09/662,084

Prior application information: Examiner: _____ Group/Art Unit: 1615

For CONTINUATION or DIVISIONAL only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below		
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NAME	Linda M. Sivik			
	The Procter & Gamble Company			
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	11511 Reed Hartman Highway			
CITY	Cincinnati	STATE	Ohio	ZIP CODE
COUNTRY	US	TELEPHONE	513-626-4122	FAX
513-626-1355				

Name (Print/Type)	Linda M. Sivik	Registration No. (Attorney/Agent)	44,982
Signature	<i>Linda M. Sivik</i>	Date	5/11/01

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FEE TRANSMITTAL for FY 2000		Complete if Known	
<small>Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§1.27 and 1.28.</small>		<i>Application Number</i>	
		<i>Filing Date</i>	May 11, 2001
		<i>First Named Inventor</i>	Douglas Allan Royce et al.
		<i>Examiner Name</i>	
		<i>Group/Art Unit</i>	
TOTAL AMOUNT OF PAYMENT	(\$) 996.00	<i>Attorney Docket No..</i>	4519RC2R2

METHOD OF PAYMENT (check one)				FEES CALCULATION (continued)																																																																																																																			
<p>1. [X] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number 16-2480 Deposit Account Name The Procter & Gamble Company <input checked="" type="checkbox"/> Charge Any Additional Fee <input type="checkbox"/> Charge the Issue Fee Set in Required Under 37 C.F.R. §1.18 at the Mailing of the Notice of Allowance ^{37 C.F.R. §§1.16 and 1.17}</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>				<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee</th> <th>Small Entity Fee</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Code (\$)</th> <th>Code (\$)</th> <th>Code (\$)</th> <th>(\$)</th> </tr> </thead> <tbody> <tr> <td>105 160</td> <td>205 50</td> <td>205 227</td> <td>65 25</td> </tr> <tr> <td>139 130</td> <td>139 147</td> <td>139 2,520</td> <td>130 2,520</td> </tr> <tr> <td>147 2,520</td> <td>147 920*</td> <td>147 920*</td> <td>147 920*</td> </tr> <tr> <td>112 920*</td> <td>112 1,840*</td> <td>112 1,840*</td> <td>112 1,840*</td> </tr> <tr> <td>115 110</td> <td>215 380</td> <td>215 216</td> <td>55 190</td> </tr> <tr> <td>116 380</td> <td>216 870</td> <td>216 217</td> <td>190 435</td> </tr> <tr> <td>117 870</td> <td>217 1,360</td> <td>217 218</td> <td>435 680</td> </tr> <tr> <td>118 1,360</td> <td>218 1,850</td> <td>218 228</td> <td>680 925</td> </tr> <tr> <td>128 1,850</td> <td>228 300</td> <td>228 219</td> <td>925 150</td> </tr> <tr> <td>119 300</td> <td>150 300</td> <td>150 220</td> <td>150 150</td> </tr> <tr> <td>120 300</td> <td>150 220</td> <td>150 221</td> <td>150 130</td> </tr> <tr> <td>121 260</td> <td>130 215</td> <td>130 216</td> <td>130 55</td> </tr> <tr> <td>138 1,510</td> <td>55 217</td> <td>55 241</td> <td>1,510 605</td> </tr> <tr> <td>140 110</td> <td>605 242</td> <td>605 243</td> <td>110 605</td> </tr> <tr> <td>141 1,210</td> <td>605 244</td> <td>605 244</td> <td>1,210 605</td> </tr> <tr> <td>142 1,210</td> <td>605 244</td> <td>605 244</td> <td>1,210 605</td> </tr> <tr> <td>143 430</td> <td>244 580</td> <td>244 580</td> <td>430 290</td> </tr> <tr> <td>144 580</td> <td>290 130</td> <td>290 122</td> <td>580 130</td> </tr> <tr> <td>122 130</td> <td>130 50</td> <td>130 122</td> <td>130 50</td> </tr> <tr> <td>123 50</td> <td>50 123</td> <td>50 123</td> <td>50 123</td> </tr> <tr> <td>126 240</td> <td>123 240</td> <td>123 240</td> <td>240 240</td> </tr> <tr> <td>581 40</td> <td>240 581</td> <td>240 581</td> <td>40 40</td> </tr> <tr> <td>146 690</td> <td>40 246</td> <td>40 246</td> <td>690 345</td> </tr> <tr> <td>149 690</td> <td>345 249</td> <td>345 249</td> <td>690 345</td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> </tr> </tbody> </table>				Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid	Code (\$)	Code (\$)	Code (\$)	(\$)	105 160	205 50	205 227	65 25	139 130	139 147	139 2,520	130 2,520	147 2,520	147 920*	147 920*	147 920*	112 920*	112 1,840*	112 1,840*	112 1,840*	115 110	215 380	215 216	55 190	116 380	216 870	216 217	190 435	117 870	217 1,360	217 218	435 680	118 1,360	218 1,850	218 228	680 925	128 1,850	228 300	228 219	925 150	119 300	150 300	150 220	150 150	120 300	150 220	150 221	150 130	121 260	130 215	130 216	130 55	138 1,510	55 217	55 241	1,510 605	140 110	605 242	605 243	110 605	141 1,210	605 244	605 244	1,210 605	142 1,210	605 244	605 244	1,210 605	143 430	244 580	244 580	430 290	144 580	290 130	290 122	580 130	122 130	130 50	130 122	130 50	123 50	50 123	50 123	50 123	126 240	123 240	123 240	240 240	581 40	240 581	240 581	40 40	146 690	40 246	40 246	690 345	149 690	345 249	345 249	690 345	Other fee (specify) _____				Other fee (specify) _____			
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SUBMITTED BY			Complete (if applicable)		
Name (Print/Tpye)	Linda M. Sivik	Registration No. (Attorney/Agent)	44,982	Telephone	(513) 626-4122
Signature	<i>Linda M. Sivik</i>			Date	5/11/01

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